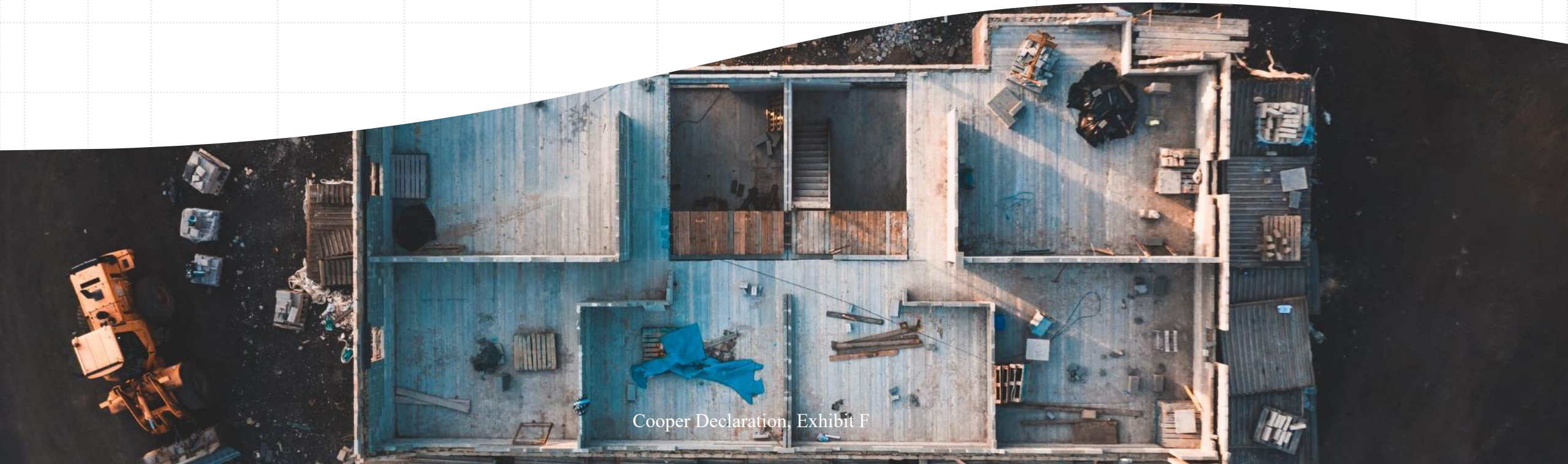


# Status of Community Restoration

July 2022 – September 2023



Cooper Declaration, Exhibit F

# Statutory Requirements for Community Restoration

**161.355 Definitions.** As used in ORS 161.355 to 161.371:

(2) “Community restoration services” means services and treatment necessary to safely allow a defendant to gain or regain fitness to proceed in the community, which may include supervision by pretrial services.

**161.370** Determination of fitness to proceed; proceedings upon finding of unfitness; commitment; rules

Actions may include but are not limited to:

(A) Commitment for the defendant to gain or regain fitness to proceed under subsection (3) or (4) of this section;

(B) An order to engage in community restoration services, as recommended by the community mental health program director or designee, under subsection (6) of this section;

(C) Commencement of a civil commitment proceeding under ORS 426.070 to 426.170, 426.701 or 427.235 to 427.290;

(D) Commencement of protective proceedings under ORS chapter 125; or

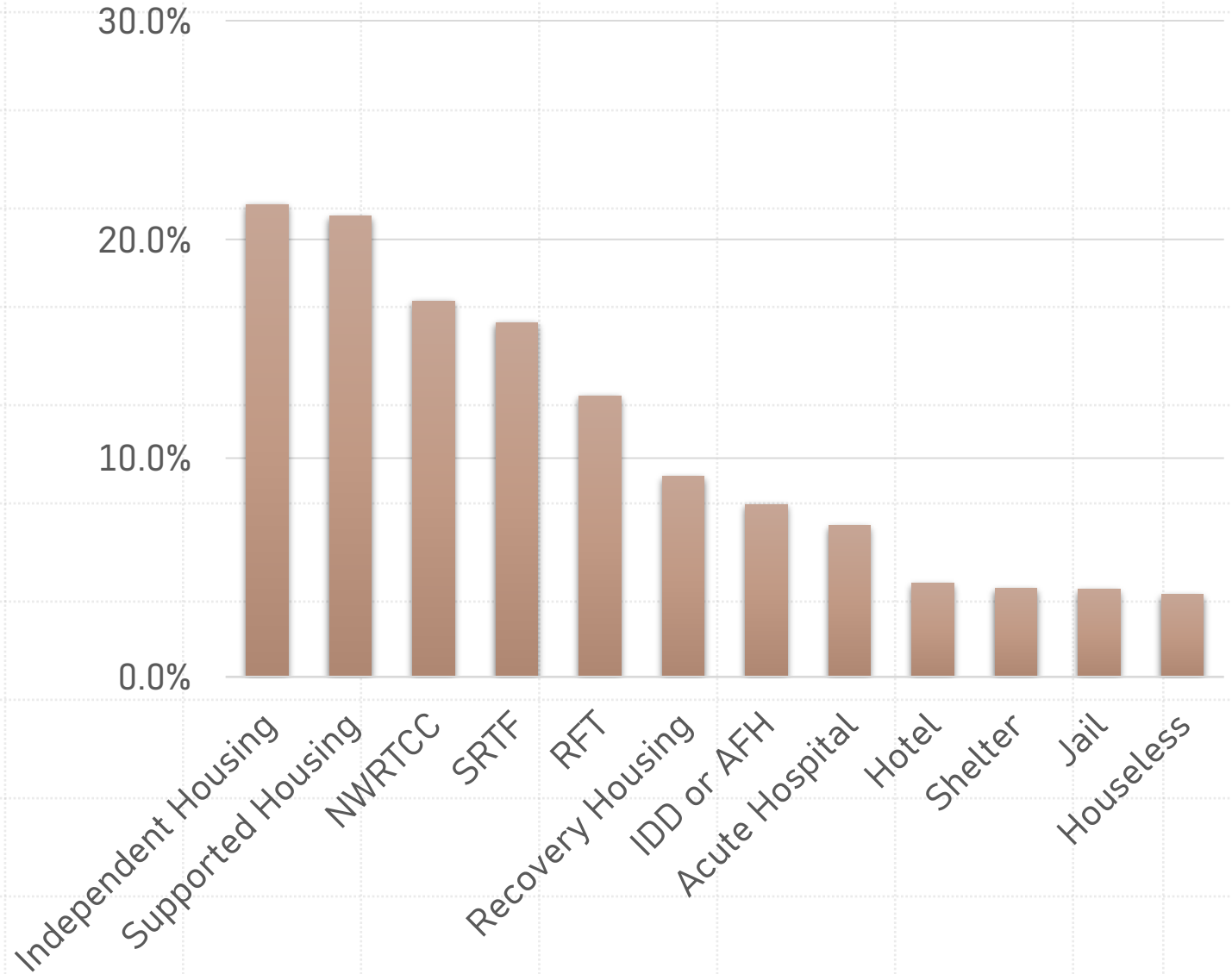
(E) Dismissal of the charges pursuant to ORS 135.755.

# What is community restoration?

Medicaid?

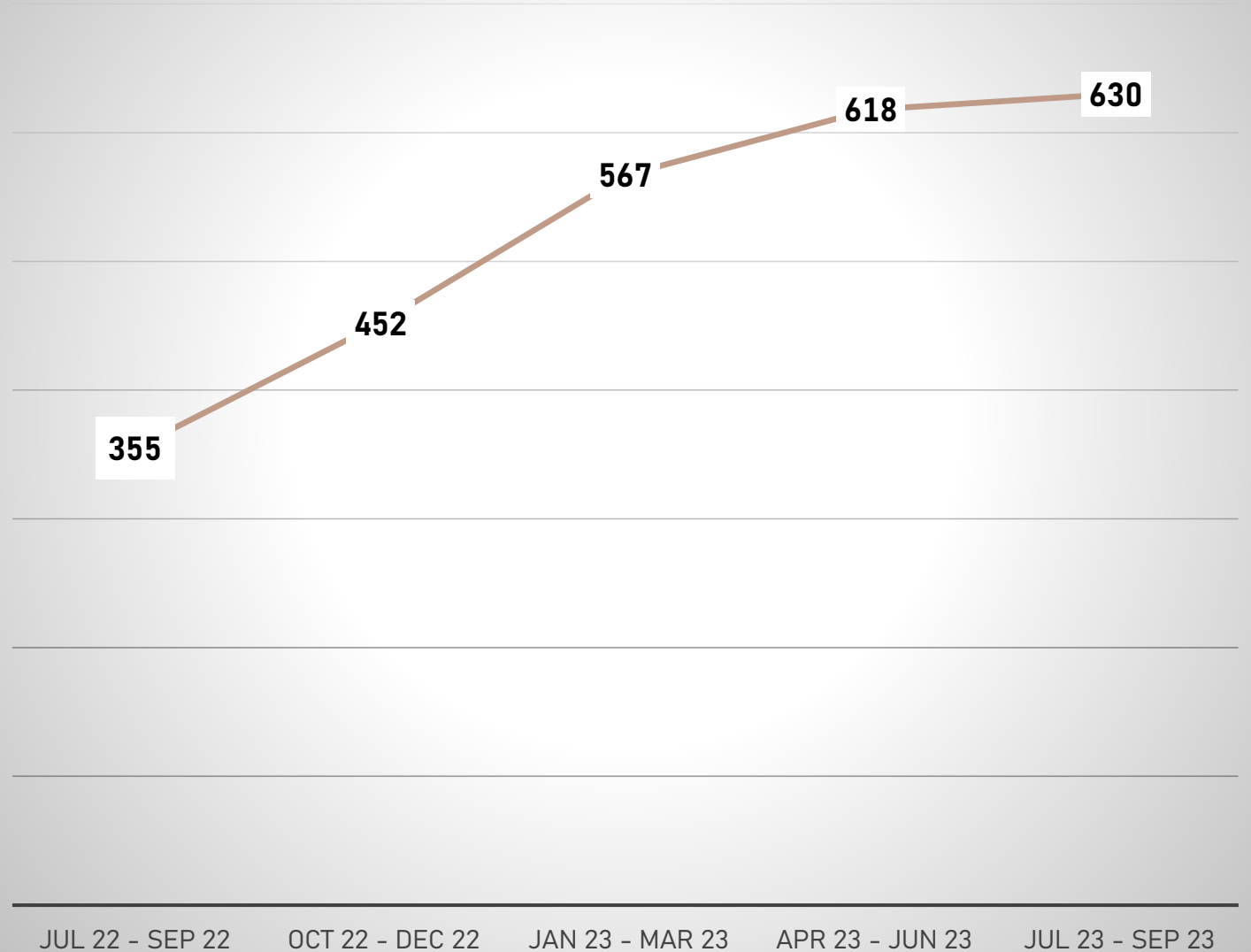
State Hospital Coordination	No
Legal Skills Training	No
Processing Consultation Orders/Consultations	No
Administrative & System Meetings (with OHA, Law Enforcement, District Attorney, Jail, etc.)	No
Administrative Reporting and Monitoring (OHA reports, internal financial and quality, etc.)	No
Documentation: case notes, correspondence, MOTS data submissions	No
Incidentals (Training, Mileage Reimbursement)	No
Care Coordination (hospital, jail, community; linkage to services and supports)	Some
Monitoring and supervision (e.g., drug and alcohol screens, consultation for orders, evaluations)	No
Direct client assistance (rent/housing, food, clothes, ID, transportation, medications, etc.)	No
Legal Services	No
Residential Treatment, Respite, Support, Oversight/Monitoring	Yes
Direct Clinical Services (Psychiatric Services, Med Management, Clinical Sessions, etc.)	Yes

## Setting Types for Aid & Assist Clients



Where do  
clients in  
community  
restoration  
live?

## Statewide Numbers of People in Community Restoration: July 2022 – September 2023



Implications  
of the  
Mosman  
Order

What does  
this  
increased  
workload  
mean?



First and foremost, we need more staff to do the work.



Other top priority needs are medications, guardianships, transportation, basic needs, and housing, housing, housing



Additional funding needed **annually** at current caseload: **\$7.5 M**



# What are the main obstacles to appropriate placements in communities?



Insufficient amount and types of licensed treatment facilities/  
long waitlists

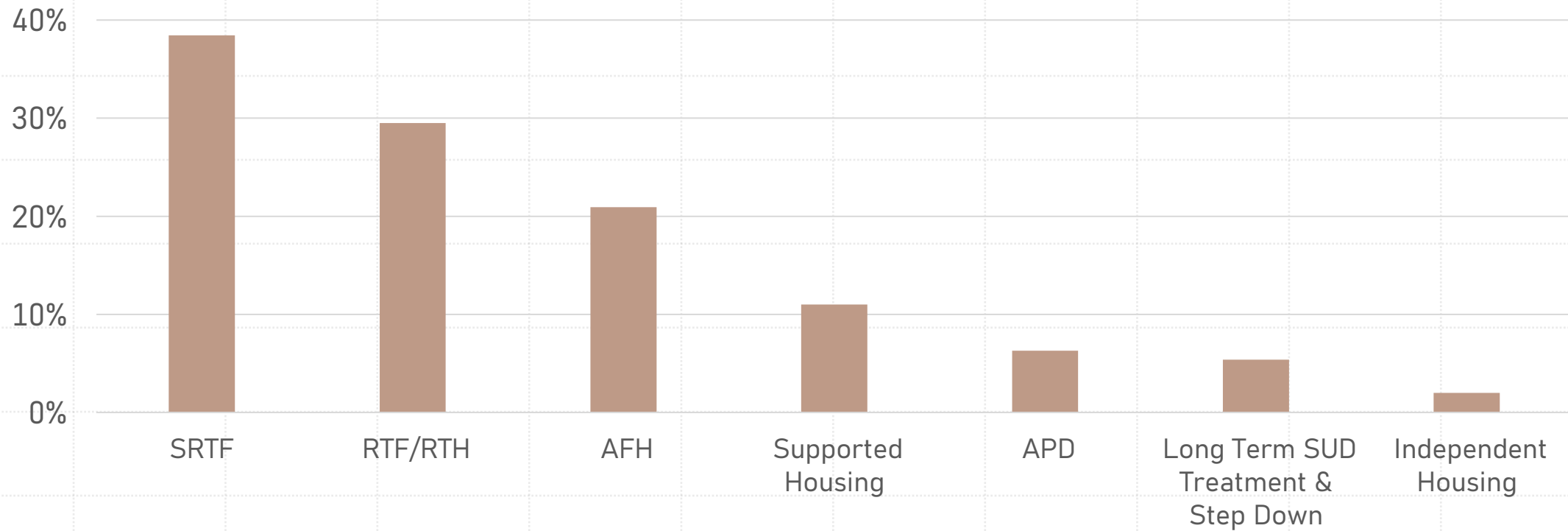


Client refuses to engage in services



Client does not meet criteria for a particular facility or is  
denied admission due to a medical issue

# Top placement needs for those who are not connected to an appropriate level of care





# Resources Needed for Successful Community Restoration

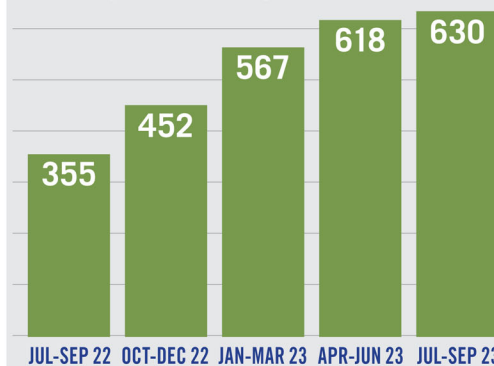


**All individuals** who have been accused of a crime, but who are not well enough to aid and assist in their own defense, deserve access to the full range of restoration services in their local community. Statewide, Community Mental Health Programs (CMHPs) provide essential behavioral health services on behalf of the State of Oregon, including community restoration. These are services that are required by law to be provided to individuals who have been found to be unable to “aid and assist” in their own defense due to mental illness or a substance use disorder. These include things like: care coordination, housing if available, legal skills training, monitoring and direct client assistance. Many of these services are not reimbursable by Medicaid and must be covered by general funds.

CMHPs currently receive \$22M biennially from the state to provide these required services. Unfortunately, due to increasing caseloads, this funding does not meet the need. **An additional \$7.5M/year is needed to cover the gap between the state’s current investment and the cost of providing services to all individuals in need of community restoration statewide.**

## Federal Rulings, Soaring Caseloads

### Statewide Numbers of People in Community Restoration: July 2022 - September 2023



Historically, individuals were sent exclusively to the Oregon State Hospital for restoration services, removing them from their communities and requiring them to live in an institutional setting. Due to the expense of this often unnecessary hospital level of

*Continued on next page...*



Contact: **Laura Curtis** | [laura@nwpublicaffairs.com](mailto:laura@nwpublicaffairs.com) | 541-280-9984



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# Resources Needed for Successful Community Restoration

*(Continued from page 1)*

care, the state developed a pathway for individuals to receive restoration services in their local communities, provided by CMHPs since 2019.

In the last year, caseloads have skyrocketed in large part due to a federal court order (from Judge Michael Mosman) that limits the amount of time people can stay at OSH according to their criminal charge and an increase in the number of people entering the Justice system. When individuals reach the Mosman time limit or do not meet the criteria for hospital level of

care, they are released from the hospital and sent back to their local community. The majority of these individuals are still in need of services and the responsibility to provide those services then shifts from the state to CMHPs. This change in policy has caused community restoration caseloads to double and even triple in some communities while funding has remained stagnant. **It is critical to the wellbeing of these individuals and our communities that CMHPs are adequately resourced to provide these services.**

## Needed Support in a Critical Moment

In 2024, Community Mental Health Programs, local government, advocates, and partners in the criminal justice system are asking the legislature to prioritize support for community restoration at a critical moment for our behavioral health and public safety systems

**Please allocate an additional \$7.5M annually to Community Mental Health Programs to provide statutorily required community restoration services to individuals in need.**

Contact: **Laura Curtis** | [laura@nwpublicaffairs.com](mailto:laura@nwpublicaffairs.com) | 541-280-9984



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